

BEFORE THE DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation )  
Against: )

Charles A. Peterson, M.D. )  
Certificate # C-29059 )

File No: 12-95-46841

Respondent. )  
\_\_\_\_\_ )

DECISION

The attached Stipulation is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on May 5, 1997.

It is so ordered April 22, 1997.

DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA



Anabel Anderson Imbert, M.D.  
Chair  
Panel B

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 KERRY WEISEL  
Deputy Attorney General  
3 BAR No. 127522  
2101 Webster Street, 12th Floor  
4 Oakland, CA 94612-3049  
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5

6 Attorneys for Complainant  
7

8 BEFORE THE  
DIVISION OF MEDICAL QUALITY  
9 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against: ) No. 12-95-46841  
12 )  
CHARLES A. PETERSON, M.D. ) STIPULATED SETTLEMENT  
13 444 Estudillo Avenue ) AND DECISION  
San Leandro, CA 94577 )  
14 )  
Physician and Surgeon's Certificate No. C-29059 )  
15 )  
Respondent. )  
16

17 IT IS HEREBY STIPULATED by and between respondent CHARLES A.  
18 PETERSON, M.D., with the counsel and advice of his attorney Robert Schur of Marvin  
19 Firestone, M.D. J.D. & Associates and complainant Ronald Joseph in his official capacity as  
20 Executive Director of the Medical Board of California, Department of Consumer Affairs,  
21 State of California, by and through his attorney, Daniel E. Lungren, Attorney General, by  
22 Kerry Weisel, Deputy Attorney General, as follows:

23 1. Complainant in the Accusation, Ronald Joseph, is the Executive  
24 Director of the Medical Board of California ("Medical Board" or "board") and brought the  
25 Accusation in this case No. 12-95-46841 solely in his official capacity. A copy of the  
26

27 //

1 Accusation in case No. 12-95-46841 is attached as Exhibit A and incorporated by reference  
2 in this stipulation.

3           2.       Respondent's license history and status, as set forth in paragraph 2 of  
4 the Accusation is true and correct.

5           3.       Respondent has received and read the Accusation which is presently on  
6 file and pending in this case before the Division of Medical Quality, of the Medical Board of  
7 California Department of Consumer Affairs ("division").

8           4.       A Petition for an Order for Psychiatric and Physical Examinations and  
9 Professional Competency Examination has also been filed in case No. 12-95-46841 and an  
10 Order issued.

11           5.       Respondent has received and read the Petition for an Order and the  
12 Order for Psychiatric and Physical Examinations and Professional Competency Examination.

13           6.       Respondent has filed a Statement of Issues concerning the competency  
14 examination which is currently pending against complainant in case No. 12-95-46841.

15           7.       The Board has received a report from San Leandro Hospital filed  
16 pursuant to Business and Professions Code section 805 which reflects further evidence of  
17 repeated negligent acts by respondent in the area of recognizing, treating, and documenting  
18 the treatment of diabetes mellitus.

19           8.       Respondent understands the nature of the charges alleged in the  
20 Accusation and that those charges and allegations if proven would constitute cause for taking  
21 disciplinary action against his physician's and surgeon's certificate. Respondent also  
22 understands the nature of the Petition for an Order for Psychiatric and Physical Examinations  
23 and Professional Competency Examination, the Order, the Statement of Issues he filed, and  
24 the cases reported to the board by San Leandro Hospital.

25           9.       Respondent is fully aware of his right to a hearing on the charges and  
26 allegations contained in the Accusation and on any charges and allegations that might arise  
27 out of the cases reported to the board by San Leandro Hospital, that is, case number

010453

1 ~~104532(2)~~, case number 233965, case number 123811, case number 195342, and case  
2 number 240709, his right to reconsideration, judicial review, appeal, and any and all other  
3 rights which may be accorded him pursuant to the California Administrative Procedure Act  
4 (Government Code section 11500, *et seq.*) and other laws of the State of California.  
5 Respondent is also aware of his right to pursue his statement of issues under the California  
6 Administrative Procedure Act (Government Code section 11500, *et seq.*) and other laws of  
7 the State of California.

8 10. Respondent freely and voluntarily waives his rights to a hearing,  
9 reconsideration, judicial review, appeal and any and all other rights which may be accorded  
10 him by the Administrative Procedure Act and other laws of the State of California with  
11 regard to the charges and allegations in the Accusation, with regard to any charges and  
12 allegations that might arise out of the concerns reported to the board by San Leandro  
13 Hospital regarding case number ~~104532(2)~~ <sup>010453 CAP</sup>, case number 233965, case number 123811, case  
14 number 195342, and case number 240709, and with regard to the matters alleged in  
15 respondent's statement of issues in exchange for the parties' agreement to enter into this  
16 stipulation.

17 11. For purposes of the settlement of the action pending against respondent  
18 in case No. 12-95-46841, to avoid having an accusation filed against him based upon the  
19 concerns reported to the board by San Leandro Hospital regarding case number ~~104532(2)~~ <sup>010453 CAP</sup>,  
20 case number 233965, case number 123811, case number 195342, and case number 240709,  
21 and to avoid a costly administrative hearing, respondent admits the truth of each and every  
22 allegation of the Accusation in case No. 12-95-46841, and agrees that respondent has thereby  
23 subjected himself to disciplinary action. Respondent agrees to be bound by the division's  
24 Disciplinary Order as set forth below and to withdraw his Statement of Issues in this case.

25 12. The admissions made by respondent in this stipulated settlement are for  
26 the purpose of this proceeding and any other proceedings in which the Division of Medical  
27 //

1 Quality, Medical Board of California, or other professional licensing agency is involved  
2 only, and shall not be admissible in any other criminal or civil proceedings.

3 13. This stipulation constitutes an offer in settlement by the parties to this  
4 agreement. The parties agree that the settlement will encompass the concerns reported to the  
5 board by San Leandro Hospital regarding case number <sup>010453 CAD</sup>104532(2), case number 233965, case  
6 number 123811, case number 195342, and case number 240709.

7 DISCIPLINARY ORDER

8 14. Based upon these recitals, IT IS HEREBY STIPULATED AND  
9 AGREED that the division will issue and enter the following order:

10 Physician's and Surgeon's Certificate No. C-29059 issued to respondent is revoked,  
11 the revocation is stayed, and respondent is placed on probation for seven years on the  
12 following terms and conditions. Within 15 days after the effective date of this  
13 decision respondent shall provide the division, or its designee, proof of service that  
14 respondent has served a true copy of this decision on the Chief of Staff or the Chief  
15 Executive Officer at every hospital where privileges or membership are extended to  
16 respondent or where respondent is employed to practice medicine and on the Chief  
17 Executive Officer at every insurance carrier where malpractice insurance coverage is  
18 extended to respondent.

19 15. WRITTEN CLINICAL EXAMINATION Respondent shall take and pass the  
20 special purpose examination ("SPEX examination") administered by the Federation of State  
21 Medical Boards. This examination shall be taken within thirty (30) days of the effective date  
22 of this decision. If respondent fails the first examination, respondent shall be allowed to take  
23 a second SPEX examination. The waiting period between the first and second examinations  
24 shall be at least thirty (30) days. If respondent fails to pass the first and second  
25 examinations, respondent may take a third and final examination after waiting a period of at  
26 least three (3) months from the second examination. Failure to pass the SPEX examination  
27 within eighteen (18) months of the effective date of this decision shall constitute a violation

1 of probation. The respondent shall pay the examination fee for each examination at the time  
2 he applies to take the examination.

3 If respondent fails the first examination, respondent shall be suspended from  
4 the practice of medicine until a repeat examination has been successfully passed, as  
5 evidenced by written notice to respondent from the Division or its designee.

6 16. CLINICAL TRAINING PROGRAM Each year of the first four years of the  
7 probationary period, respondent shall successfully complete 25 hours of a clinical training or  
8 educational program in general medicine and, if required by the division or its designee, pass  
9 an examination administered by the division or its designee related to the program's contents.  
10 Respondent shall submit the program to the division or its designee for prior approval.

11 17. MONITORING Within thirty (30) days of the effective date of this  
12 decision, respondent shall submit to the Division or its designee for its prior approval a plan  
13 of practice in which respondent's practice shall be monitored by another physician in  
14 respondent's field of practice (general medicine) or any field encompassing the practice of  
15 general medicine (including Internal Medicine or Family Practice), who shall provide  
16 periodic reports to the Division or its designee at least quarterly and more frequently if  
17 deemed necessary. The monitor shall be responsible for reviewing respondent's cases for at  
18 least five (5) years and continuing thereafter at the discretion of the Division.

19 The monitor shall review the charts and records of every one of respondent's  
20 hospital admissions at or immediately after the time of admission and then periodically  
21 throughout the hospitalization through the date of discharge. The monitor shall also review  
22 quarterly at least twenty of respondent's office charts, selected at random. In addition, the  
23 monitor may, in his or her discretion, review any office or hospital record or chart of any of  
24 respondent's patients at any time. The monitor may provide a consultation or require a  
25 consultation with another physician or with a specialist for any of respondent's patients about  
26 whom he or she has concerns or for whom he or she believes it to be necessary. Any  
27 charges imposed by the monitor shall be paid by respondent.

1 If the monitor resigns or is no longer available, respondent shall, within fifteen  
2 (15) days, move to have a new monitor appointed, through nomination by respondent and  
3 approval by the Division or its designee.

4 18. OBEY ALL LAWS Respondent shall obey all federal, state and local  
5 laws, all rules governing the practice of medicine in California, and remain in full  
6 compliance with any court ordered criminal probation, payments and other orders.

7 19. QUARTERLY REPORTS Respondent shall submit quarterly declarations  
8 under penalty of perjury on forms provided by the division, stating whether there has been  
9 compliance with all the conditions of probation.

10 20. PROBATION SURVEILLANCE PROGRAM COMPLIANCE Respondent shall  
11 comply with the division's probation surveillance program. Respondent shall, at all times,  
12 keep the division informed of his addresses of business and residence which shall both serve  
13 as addresses of record. Changes of such addresses shall be immediately communicated in  
14 writing to the division. Under no circumstances shall a post office box serve as an address  
15 of record.

16 Respondent shall also immediately inform the division, in writing, of any  
17 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to  
18 last, more than thirty (30) days.

19 21. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
20 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the  
21 division, its designee or its designated physician(s) upon request at various intervals and with  
22 reasonable notice.

23 22. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-  
24 PRACTICE In the event respondent should leave California to reside or to practice outside  
25 the State or for any reason should respondent stop practicing medicine in California,  
26 respondent shall notify the division or its designee in writing within ten (10) days of the dates  
27 of departure and return or the dates of non-practice within California. Non-practice is

1 defined as any period of time exceeding thirty days in which respondent is not engaging in  
2 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All  
3 time spent in an intensive training program approved by the division or its designee shall be  
4 considered as time spent in the practice of medicine. Periods of temporary or permanent  
5 residence or practice outside California or of non-practice within California, as defined in  
6 this condition, will not apply to the reduction of the probationary period.

7           23.     COMPLETION OF PROBATION   Upon successful completion of  
8 probation, respondent's certificate shall be fully restored.

9           24.     VIOLATION OF PROBATION   If respondent violates probation in any  
10 respect, the division, after giving respondent notice and the opportunity to be heard, may  
11 revoke probation and carry out the disciplinary order that was stayed. If an accusation or  
12 petition to revoke probation is filed against respondent during probation, the division shall  
13 have continuing jurisdiction until the matter is final, and the period of probation shall be  
14 extended until the matter is final.

15           25.     COST RECOVERY   Respondent is hereby ordered to reimburse the  
16 division the amount of ten thousand dollars (\$10,000.00) for its costs of investigation and  
17 prosecution. The cost recovery shall be paid in six annual installments of \$1,500 and a final  
18 annual installment of \$1000. The first annual installment shall be paid within ninety (90)  
19 days of the effective date of this decision and subsequent annual installments shall be paid on  
20 the anniversary of the first payment. Failure to reimburse the division's cost of investigation  
21 and prosecution shall constitute a violation of the probation order, unless the division agrees  
22 in writing to alter the installment plan because of financial hardship. The filing of  
23 bankruptcy by the respondent shall not relieve the respondent of his responsibility to  
24 reimburse the division for its investigative and prosecution costs.

25           26.     PROBATION COSTS   Respondent shall pay the costs associated with  
26 probation monitoring each and every year of probation. In no event shall such costs exceed  
27 \$1200 per year. Such costs shall be payable to the Division of Medical Quality and



1 delivered to the designated probation surveillance monitor at the beginning of each calendar  
2 year. Failure to pay costs within 30 days of the due date shall constitute a violation of  
3 probation.

4                   27.     LICENSE SURRENDER   Following the effective date of this decision, if  
5 respondent ceases practicing due to retirement, health reasons or is otherwise unable to  
6 satisfy the terms and conditions of probation, respondent may voluntarily tender his  
7 certificate to the Board. The division reserves the right to evaluate the respondent's request  
8 and to exercise its discretion whether to grant the request, or to take any other action deemed  
9 appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered  
10 license, respondent will no longer be subject to the terms and conditions of probation.

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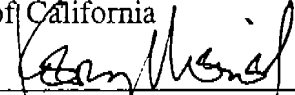
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1 CONTINGENCY

2 This stipulation shall be subject to the approval of the division. Respondent  
3 understands and agrees that board staff and counsel for complainant may communicate  
4 directly with the division regarding this stipulation and settlement, without notice to or  
5 participation by respondent or his counsel. If the division fails to adopt this stipulation as its  
6 Order, the stipulation shall be of no force or effect, it shall be inadmissible in any legal  
7 action between the parties, and the division shall not be disqualified from further action in  
8 this matter by virtue of its consideration of this stipulation.

9 Dated: 5/31/97

DANIEL E. LUNGREN, Attorney General of the State  
of California

10   
11 KERRY WEISEL  
12 Deputy Attorney General

Attorneys for Complainant

13 Dated: 3-5-97

14   
15 ROBERT SCHUR  
16 MARVIN FIRESTONE, M.D. J.D. & ASSOCIATES

Attorneys for Respondent

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1 ACCEPTANCE

2 I hereby certify that I have read the foregoing stipulation and waiver in its  
3 entirety, that my attorney of record has fully explained the legal significance and  
4 consequences of it, that I fully understand the terms of the stipulation and their legal  
5 significance and the consequences of signing the stipulation, and that I agree to this  
6 stipulation and waiver. In witness whereof, I affix my signature this 4th day of March  
7 1997 at San Francisco, California.

8   
9 CHARLES A. PETERSON, M.D.  
10 Respondent

11 I have read the above stipulation and waiver and approve of it as to form and  
12 content. I have fully discussed the terms and conditions and other matters therein with  
13 respondent Charles A. Peterson, M.D.

14 DATED: 3-5-97.

15   
16 ROBERT SCHUR  
17 Attorney for Respondent

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1 ENDORSEMENT

2 The foregoing stipulation and waiver is hereby respectfully submitted for the  
3 consideration of the Division of Medical Quality, Medical Board of California, Department  
4 of Consumer Affairs.

5 DATED: 3/31/97.

6 DANIEL E. LUNGREN, Attorney General  
7 of the State of California

8   
9 KERRY WEISEL  
10 Deputy Attorney General

11 Attorneys for Complainant

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# EXHIBIT A

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 KERRY WEISEL  
Deputy Attorney General  
3 BAR No. 127522  
2101 Webster Street, 12th Floor  
4 Oakland, CA 94612-3049  
Telephone: (510) 286-4111  
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6 Attorneys for Complainant  
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8 BEFORE THE  
DIVISION OF MEDICAL QUALITY  
9 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

No. 12-95-46841

12 CHARLES A. PETERSON, M.D.  
13 444 Estudillo Avenue  
San Leandro, CA 94577

ACCUSATION

14 Physician and Surgeon's Certificate No. C-29059  
15

Respondent.  
16

17 The Complainant alleges:

18 PARTIES

19 1. Complainant, Ronald Joseph, is the Executive Director of the  
20 Medical Board of California (hereinafter the "Board") and brings this accusation solely  
21 in his official capacity.

22 2. On or about May 29, 1967, Physician's and Surgeon's Certificate  
23 No. C-29059 was issued by the Board to Charles A. Peterson (hereinafter  
24 "respondent"), and at all times relevant to the charges brought herein, this license has  
25 been in full force and effect. Unless renewed, it will expire on September 30, 1997.

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3. This accusation is brought before the Division of Medical Quality

A. Section 2227 of the Code provides that the Board may revoke,

B. Section 2234 of the Code provides, in pertinent part, that

"(a) Violating or attempting to violate, directly or indirectly, or assisting in

(b) Gross negligence.

(c) Repeated negligent acts.

(d) Incompetence.

• • • • •

C. Section 125.3 of the Code provides, in part, that the Board may

## 23

24

4. Respondent Charles A. Peterson is subject to disciplinary action

1 that his treatment of patient P-1<sup>1/</sup> constituted gross negligence and/or incompetence.  
2 The circumstances are as follows:

3 A. On or about October 9, 1992, patient P-1, a 63 year old  
4 female, was admitted to Humana Hospital in San Leandro for the treatment of  
5 leg swelling and cellulitis. While there she was also diagnosed with diabetes  
6 mellitus, peripheral vascular disease, atherosclerotic cardiovascular disease,  
7 coronary artery disease, and probable congestive heart failure.

8 B. On or about October 15, 1992, respondent transferred P-1  
9 from Humana Hospital to Eden Hospital Medical Center for psychiatric  
10 treatment and continuing treatment of cellulitis.

11 C. In his discharge summary from Humana Hospital,  
12 respondent noted that P-1 had multiple problems with low potassium.  
13 Respondent failed to mention this low potassium level (hypokalemia) and failed  
14 to set out a treatment plan for P-1 in either his handwritten admission note or  
15 the more formal History and Physical which he dictated upon P-1's admission to  
16 Eden Hospital.

17 D. Respondent's review of systems in the Eden Hospital  
18 History and Physical describes shortness of breath and shortness of breath at  
19 night, sleeping with two pillows, a marked swelling of legs with superficial leg  
20 ulcers, a white blood cell count of 13,400, and blood pressure of 80/60, recent  
21 weight gain, and reflects diagnoses of depression, cellulitis of both legs, diabetes  
22 mellitus, peripheral vascular disease, atherosclerotic cardiovascular disease,  
23 coronary artery disease, and past history of congestive heart failure.

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27 1. The patients have been referred to as P-1 through P-5 in this Accusation to protect their  
privacy. Their names will be revealed to respondent in response to a request for discovery.



1 E. When P-1 was admitted to Eden Hospital, respondent  
2 instituted treatment with diuretics for congestive heart failure. On P-1's second  
3 day at Eden, respondent increased her dose of diuretics without obtaining  
4 objective evidence of the diagnosis such as a chest x-ray.

5 F. In addition, respondent initiated potassium replacement at  
6 160 meq/day, an unusually high dose, without regularly assessing P-1's potassium  
7 level to determine the appropriate amount of potassium replacement. When  
8 respondent began the potassium replacement therapy, P-1's potassium level had  
9 not been assessed for three days. Respondent scheduled P-1 to have her next  
10 potassium level assessment three days after initiation of the therapy. By that  
11 time, P-1 had died.

12 G. By vigorously diuresing P-1 and giving her enormous doses  
13 of potassium in the setting of renal insufficiency, there is a high medical  
14 probability that respondent directly contributed to P-1's death.

15 **SECOND CAUSE FOR DISCIPLINE**

16 (Gross Negligence and/or Incompetence)

17 5. Respondent Charles A. Peterson is subject to disciplinary action  
18 under section 2234, subsections (b) and (d), of the Business and Professions Code in  
19 that his treatment of patient P-2 constituted gross negligence and/or incompetence.  
20 The circumstances are as follows:

21 A. On or about March 14, 1994, patient P-2 was admitted to  
22 San Leandro Hospital for symptoms of a TIA, marked confusion, slurred speech,  
23 and disorientation. He was also diagnosed with atherosclerotic disease and  
24 cancer of the prostate.

25 B. Respondent noted on admission that P-2 had atrial  
26 fibrillation and had been started on Coumadin (an anticoagulant).

27 C. On or about March 21, 1994, respondent transferred P-2 to

1 Eden Hospital because he appeared depressed, agitated, and psychotic.

2 D. When he discharged P-2 from San Leandro Hospital,  
3 respondent dictated another patient's medication sheet into his discharge  
4 summary.

5 E. When respondent admitted P-2 to Eden Hospital on or  
6 about March 22, 1994, he listed in the past medical history section of P-2's  
7 admission History and Physical a history of prostate disease and treatment with  
8 Hytrin (anti-hypertensive medication) and Proscar (prostate medication) and in  
9 the impression section that P-2 presented with a confusional state, atherosclerotic  
10 cardiovascular disease, a history of prolonged protime, normalized, and prostate  
11 disease.

12 F. Despite the admission History and Physical's lack of history  
13 or impressions which would support the prescription of such medications,  
14 respondent included in his admitting medical orders all of the drugs he had  
15 erroneously listed in the discharge summary from San Leandro Hospital:  
16 Diabinese (blood glucose lowering medication), Valium (an anxiolytic), Digoxin  
17 (cardiac medication), Hydrochlorothiazide (a diuretic), Dyazide (a diuretic),  
18 Prednisone (a corticosteroid), Propranolol Hydrochloride (a beta-adrenergic  
19 receptor-blocker), Zantac (ulcer medication), Theo-dur (asthma medication),  
20 Tylenol #3 (analgesic with codeine), and Dulcolax (a laxative). None of these  
21 drugs matches the history or impressions in the admitting History and Physical  
22 and several of them are contraindicated in a geriatric patient.

23 G. Not only did respondent prescribe all of these non-indicated  
24 drugs, he failed to prescribe the Hytrin and Proscar that P-2 was taking at the  
25 time of his admission.

26 H. Despite the fact that the issue of anticoagulation should be  
27 addressed in a patient with possible stroke and atrial fibrillation, the atrial

1       fibrillation documented on P-2's admission to San Leandro Hospital was never  
2       mentioned in the records of his stay at Eden Hospital and the anticoagulant  
3       Coumadin which had been started at San Leandro Hospital was discontinued  
4       without a discussion of its risks and benefits.

5               I.       Despite the fact that it is the standard of practice to  
6       prescribe medications based on an underlying disease and regularly to reassess  
7       the need for the medications prescribed, respondent did not base the  
8       medications prescribed on P-2's underlying disease and did not reassess P-2's  
9       need for these medications. The medications were not changed during the  
10      eleven days P-2 was under respondent's care at Eden Hospital except, on the  
11      ninth day, to add back the drugs P-2 had been taking when he was admitted  
12      and, on the tenth day, to reduce the dosage of Prednisone administered. Even  
13      this reduction of Prednisone could not have been based on a legitimate review  
14      of the patient's condition since there was no basis for administering the  
15      Prednisone in the first place. Any valid assessment would have eliminated this  
16      medication and the rest of the prescribed medications altogether.

### 17                               THIRD CAUSE FOR DISCIPLINE

18                           (Gross Negligence and/or Incompetence)

19               6.       Respondent Charles A. Peterson is subject to disciplinary action  
20      under section 2234, subsections (b) and (d), of the Business and Professions Code in  
21      that his treatment of patient P-3 constituted gross negligence and/or incompetence.  
22      The circumstances are as follows:

23               A.       Patient P-3, a 35 year old male, was admitted to Eden  
24      Hospital Medical Center on or about March 25, 1994 for the treatment of  
25      depression and suicidal and homicidal ideation.

26                           (1)     Respondent's History and Physical for P-3  
27      notes sinus tenderness, costochondral tenderness, and enlarged prostate

1 and includes diagnoses of peptic ulcer disease, sinusitis, costochondritis,  
2 benign prostatic hypertrophy, and cervical facet syndrome.

3 B. On or about March 26, 1994 and April 1, 1994, respondent  
4 injected two facets and three facets, respectively, on the right side of P-3's neck  
5 with Marcaine (a local anesthetic) and Decadron (a synthetic adrenocortical  
6 steroid).

7 C. Respondent did not perform the required detailed history  
8 and physical examination and radiographic evaluation before injecting P-3's  
9 facets and did not use fluoroscopic guidance as required when performing facet  
10 injections.

11 D. Respondent treated P-3 with Ciproflaxin (an antibiotic), 750  
12 mg. two times a day, without documenting what he was attempting to treat with  
13 it. If he was treating the sinusitis he had diagnosed, Ciproflaxin is not the first  
14 choice of antibiotic for that disorder and the dosage prescribed is too high.

15 E. Respondent prescribed both Prilosec and Carafate for  
16 abdominal tenderness. The standard for peptic ulcer disease is one or the other  
17 of these drugs, not both. In addition, the dosage of Prilosec prescribed is twice  
18 the usual dosage.

19 F. Respondent prescribed Zovirax, an antiviral agent indicated  
20 for the treatment of herpes, for P-3's costochondritis, a condition not known to  
21 respond to Zovirax. When asked about his use of Zovirax, respondent said that  
22 he did not know against which viruses it was effective.

23 G. Respondent ordered a CT scan without specifying an  
24 indication for it or a suspected pathology, and ordered both PSA and acid  
25 phosphatase tests to rule out carcinoma of the prostate when only one of the  
26 tests is necessary for a diagnosis and despite the fact that carcinoma of the  
27 prostate is a very unlikely diagnosis in a 35 year old.

1 FOURTH CAUSE FOR DISCIPLINE

2 (Gross Negligence and/or Incompetence)

3 7. Respondent Charles A. Peterson is subject to disciplinary action  
4 under section 2234, subsections (b) and (d), of the Business and Professions Code in  
5 that his treatment of patient P-4 constituted gross negligence and/or incompetence.  
6 The circumstances are as follows:

7 A. On or about March 31, 1994, patient P-4, a 26 year old  
8 female, was admitted to Eden Hospital Medical Center because of a suicide  
9 attempt.

10 B. Respondent's admission History and Physical for P-4 notes  
11 that he had injected her the day before her admission in two lumbar facets, two  
12 trigger points in the scapular region, and four trigger points in "sacroiliac joints."

13 C. Respondent did not use fluoroscopic guidance as  
14 required when performing the facet injections.

15 D. The past history section of respondent's History and Physical  
16 notes that P-4 was on antibiotics because of a white blood cell count of 17,000  
17 with an unknown cause of infection thought to be either a urinary tract infection  
18 or pelvic inflammatory disease ("PID").

19 E. P-4's physical examination was basically normal except for  
20 some fullness in the right breast and some tenderness in the lower abdomen.

21 F. P-4's admission urinalysis revealed only one to two white  
22 blood cells and the urine culture showed an insignificant growth of contaminants  
23 thus ruling out the possibility of a urinary tract infection. A pelvic examination  
24 was not performed to confirm the differential diagnosis of PID.

25 G. Respondent prescribed Ampicillin for P-4. Ampicillin is a  
26 totally inadequate choice of antibiotics to treat PID and is ineffective against  
27 urinary tract infections.

1 H. The past medical history section of respondent's admission  
2 History and Physical did not include all known diagnoses, such as seizure  
3 disorder, and the review of systems section contained previous diagnoses not  
4 listed in the past medical history section such as hypertension and "convulsions  
5 in the past."

6 I. On admission, P-4's psychiatrist ordered Prozac (an  
7 antidepressant), Prolixin (an antipsychotic medication), Depakene (an anti-seizure  
8 medication), Benadryl (an antihistamine), Artane (an antispasmodic medication),  
9 Klonopin (an anti-seizure medication), and respondent ordered Ampicillin (an  
10 antibiotic), Disulfirim (generic form of antabuse), Zantac (ulcer medication), and  
11 Robaxin tablets (medication used for relief of discomfort associated with acute,  
12 painful musculoskeletal conditions). The next day, respondent added  
13 intravenously administered Robaxin.

14 J. It is extremely rare for Robaxin to be administered  
15 intravenously. The onset of seizures is known to occur during intravenous  
16 administration of Robaxin and is contraindicated in a patient who has a known  
17 seizure disorder. This patient was taking two anti-seizure medications,  
18 Depakene and Klonopin, and had a history of seizure disorder.

19 K. Robaxin is also contraindicated in a patient such as P-4 who  
20 is taking multiple potent psychoactive medications.

21 L. In addition, even before respondent prescribed the  
22 intravenous Robaxin, the dose of Robaxin prescribed by respondent was in  
23 excess of the maximum recommended dosage.

24 **FIFTH CAUSE FOR DISCIPLINE**

25 (Gross Negligence and/or Incompetence)

26 8. Respondent Charles A. Peterson is subject to disciplinary action  
27 under section 2234, subsections (b) and (d), of the Business and Professions Code in

1 that his treatment of patient P-5 constituted gross negligence and/or incompetence.

2 The circumstances are as follows:

3           A.     On or about May 17, 1994, patient P-5, a 93 year old  
4 female, was admitted to San Leandro Hospital with a brain stem stroke. On  
5 May 20, 1994, P-5 was transferred to Laurel Grove Hospital, a rehabilitation  
6 hospital associated with Eden Hospital Medical Center, for rehabilitation.

7           B.     Respondent's admission history at Laurel Grove Medical  
8 Center documented P-5's neurological deficits and reflected a fungating lesion  
9 measuring 6 cm. x 8 cm. on P-5's left hand.

10          C.     Within 24 hours of P-5's admission, the lesion was oozing.  
11 A culture was done and grew virulent organisms, some exhibiting multiple drug  
12 resistances. These organisms are well known to cause serious nosocomial  
13 infection, the results of which include significant morbidity and mortality.  
14 Nonetheless, respondent directed that the wound be left uncovered and did not  
15 order any topical antibiotics until May 26, five days after the wound started  
16 festering and oozing.

17          D.     Topical antibiotics should have been started immediately and  
18 a dressing kept on the wound to protect others in the hospital from  
19 contamination and to keep the wound itself clean and free from contamination.  
20 This is especially the case since P-5 was confined to bed and suffered from stool  
21 incontinence. Contamination of the wound by the coliform species found in  
22 human feces could have been disastrous.

23          E.     Respondent jeopardized the health and well-being of his  
24 patient and endangered the entire hospital population by his treatment of or  
25 failure to treat P-5.

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1 SIXTH CAUSE FOR DISCIPLINE

2 (Repeated Acts of Negligence)


3 9. Respondent Charles A. Peterson is subject to disciplinary action  
4 under section 2234 (c) of the Business and Professions Code in that his treatment of  
5 patients P-1 through P-5 constituted repeated negligent acts. The circumstances are as  
6 set out in paragraphs 4A through 4G, 5A through 5I, 6A through 6H, 7A through 7L,  
7 and 8A through 8E.

8 PRAYER

9 WHEREFORE, the complainant requests that a hearing be held on the  
10 matters herein alleged, and that following the hearing, the Division issue a decision:

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate  
12 Number C-29059, issued to respondent Charles A. Peterson;  
13 2. Ordering respondent to pay the Division the actual and reasonable  
14 costs of the investigation and enforcement of this case;  
15 3. Taking such other and further action as the Division deems  
16 necessary and proper.

17 Dated: **January 29, 1996**

18   
19 \_\_\_\_\_  
20 Ronald Joseph, Executive Director  
21 Medical Board of California  
22 Department of Consumer Affairs  
23 State of California

24 Complainant

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